

CONNECTICUT SB54 Opposition Testimony
Joseph Levy, International Smart Tan Network
March 7, 2012

Thank you, Mr. Chairman and Members of the Committee.

I am Joseph Levy, executive director of the International Smart Tan Network, the educational institute for the North American sunbed community.

For 19 years I have developed UV training materials for thousands of professional sunbed centers and state regulators and serve as our chief scientific liaison as a long-time member of the American Society for Photobiology.

We support constructive regulation of this market. I have worked with and TRAINED state regulatory agencies for two decades. But we are opposed to SB54 because this bill will NOT accomplish what its proponents hope. In fact, it will accomplish the exact OPPOSITE of what they hope.

Professional sunbed centers in the U.S. today are trained to use FDA-created exposure schedules to gradually induce a suntan while minimizing the risk of sunburn. This is not a random procedure. Our market has strived to improve that protocol through constructive cooperation with state and federal regulators and through even more aggressive self-regulation. Combined, that differentiates us from most of the rest of the world where sunbeds are frequently used in unmonitored settings without trained operators to prevent sunburn.

Briefly, here's what we know:

(1) If this bill is enacted, three out of every four 16-18 year-olds who today use sunbeds in professional tanning centers with their parents' permission will purchase or use unregulated HOME tanning equipment and will simply tan more aggressively outdoors, leading to an INCREASE in injury. We've surveyed this many times. It will happen. Check EBAY or CRAIGSLIST yourself -- the units are out there, and will flood into Connecticut if this bill is passed. I've supplied the data confirming that. So this bill will create an underground, unregulated, uncontrolled "garage tanning industry" and you will be CREATING a problem - not solving one.

(2) That's significant because proponents of this bill have failed to tell you that their own data show clearly that unregulated HOME sunbeds and MEDICAL USE of sunbeds to treat cosmetic skin conditions is where the potential risk lies. I'll get to that in a minute.

(3) Some perspective here: In all, there have been 23 epidemiologic studies conducted to date -- surveys that attempt to show correlation between sunbeds and melanoma. The vast majority - 18 of those 23 - have shown no connection. Some showed a decrease in risk for the most-frequent users. None are fully capable of controlling for confounding variables or RECALL BIAS, which is a problem with this type of research.

(4) There are ZERO clinical studies showing a causative connection between UV from sunbed use and melanoma. None. No clinical studies. No lab studies. Just survey data. And that's VERY important, because the photobiology research is clear that melanoma is most common in INDOOR WORKERS -- who receive 4-10 times LESS UV exposure than outdoor workers. It's much more common in OLDER MEN (the least likely to suntan) than in any demographic and it appears most frequently on parts of the body that DO NOT receive regular sun exposure.

None of those things could be true if melanoma and UV had a straightforward relationship. That's why research dermatologists like Dr. Bernard Ackerman -- who founded most of the procedures used today in the field of dermatopathology -- say that there is no evidence that UV and melanoma are related at all.

That's why Dr. Sam Shuster, a British Professor of Dermatology, has written if you think a tan is "damage" to the skin you should tell that to Darwin: That it is part of nature's intended design to prevent sunburn.

That's why melanoma researcher Dr. Arthur Rhodes, a dermatology professor from Chicago wrote an essay titled "Melanoma's Public Message" telling his peers that melanoma is increasing most rapidly in older men who NEVER tan and that dermatology's dogmatic "Sun Scare" messages directed at young women are misleading people.

In other words: Saying that UV exposure from any source is harmful and should be avoided is like saying that water causes drowning, and therefore we should avoid water. It misrepresents the complex and intended relationship that all living things have with UV light.

Proponents of this bill have misled you about the nature of the word "carcinogen" as it relates to UV exposure and sunbeds. The federal government for more than a decade has considered UV a carcinogen, insomuch as the definition of carcinogen does not mean that UV is carcinogenic in non-burning dosages. That's why fish, sawdust, and many other substances we use daily are ALSO in this same category. In lobbying for this bill, dermatology lobbyists have misled people about this critical distinction. More accurately, we would all be DEAD without UV from the sun.

And, as I mentioned earlier, proponents of this bill have failed to disclose that HALF of the subjects in the WHO report -- the one they claim showed a 75 percent increase in melanoma risk for under-35 users -- HALF were home unit users or used sunbeds in dermatology offices to treat psoriasis. I am happy to furnish you that report. It's not MY data. It is WHO's own data review.

You remove the home units and the dermatology units, and that 75 percent number becomes just 6 percent. It's their own data.

That becomes even MORE significant when you consider that proponents of this bill have failed to disclose that peer-reviewed research has shown that removing Skin Type I subjects (fair-skinned people who cannot tan without burning) from those epidemiology studies in the WHO report -- subjects who cannot and do not tan in salons in the United States, where trained operators screen them out using screening we developed with Dr. Thomas Fitzpatrick (the Harvard University dermatologist who DEVELOPED the Fitzpatrick Skin Type System) Removing them from the studies ELIMINATES any suggestion of risk for people with skin that can tan.

All of which begs the question: According to the World Health Organization's own data, MEDICAL USE of sunbeds for the treatment of cosmetic skin conditions is 16 TIMES -- that's 1,600 percent -- greater as a relative risk as compared to commercial sunbeds.

So if sunbeds are really such a risk, why is dermatology standing here today asking you to allow them to continue to use sunbeds to treat purely cosmetic skin conditions that kill no one?

If this were truly a health-care debate, dermatology would suspend its own use of sunbeds to treat purely cosmetic diseases in their offices at \$100 a session billed to the health insurance industry. Their published standard of care for phototherapy is to induce a sunburn INTENTIONALLY.

In fact, 3 percent of tanning salon customers today come to tanning salons because following our cosmetic tanning agenda informally treats psoriasis for less than the cost of their medical co-pay of using the same sunbed in a dermatology clinic.

If supporters of this bill really believe that UV light from sunbeds is in the same risk category as "plutonium and cigarettes" as they have stated in print, why are they using plutonium to treat psoriasis? Why aren't they self-imposing a ban on their own use of sunbeds -- admittedly at higher doses than are delivered in a tanning salon?

5) Let's put this conversation in its broader perspective. The medical community -- including much of the dermatology industry worldwide - is starting to acknowledge that there ARE benefits to regular UV exposure - from any source - many of which are related to vitamin D. The British dermatology industry has moderated its message about UV.

There are oncologists starting to recommend sunbed sessions to patients. Oncologists Dr. Tim Oliver and Dr. Angus Dalglish in London have both criticized overzealous sun-scare campaigns. Dermatologist Dr. Sam Shuster from Newcastle University says if you think a tan is damage you should tell that to Darwin.

In conclusion, we are here to be part of the solution and to discuss this issue constructively. I am delighted to answer any of your questions in greater detail.

The Affect of Sunbed Location on Melanoma Risk: A Pooled Analysis

Papas MA¹, Chappelle AH¹, Grant WB²

Summary

A 2006 International Agency for Research on Cancer meta-analysis reported a "limited" and "weak" positive association between sunbed use and cutaneous malignant melanoma (meta-odds ratio = 1.15, 95% confidence interval: 1.0, 1.3). That same review also reported a positive association between ever-use of a sunbed and cutaneous malignant melanoma (meta-odds ratio = 1.75; 95% CI, 1.35-2.26) for first exposure to sunbeds before 35 years of age. This figure has been widely referenced, yet the distinction of the exact characterization of sunbed usage, as detailed in the data collection, limits the interpretability of these findings and raises further questions. Usage of unsupervised home sunbeds and sunbeds used by doctors as medical devices make up half of the cases reported in the data in addition to commercial sunbed usage. This contamination of the data appear to significantly affect the results. When commercial sunbed usage is considered independent of home and medical usage of sunbeds, the IARC review data no longer suggest a significant association.

HOME TANNING UNITS					
STUDY	Case Yes	Case No	Control Yes	Control No	Calculated Odds Ratio
Swerdlow 1988	No data or assumptions provided				
Walter 1990	71	431	40	498	2.05
Westerdahl 1994					
Chen 1998	96	483	51	417	1.63
Chen 1998 (people <25)	57	483	26	417	1.89
Westerdahl 2000	34	319	38	538	1.51
Veierod 2003					
Bataille 2005	126	113	142	107	0.84
TOTAL	327	1346	271	1560	1.40 (95% CI: 1.17-1.66)

INDOOR TANNING SALONS					
STUDY	Case Yes	Case No	Control Yes	Control No	Calculated Odds Ratio
Swerdlow 1988	No data or assumptions provided				
Walter 1990	59	431	55	498	1.24
Westerdahl 1994					
Chen 1998	44	483	44	417	0.86
Chen 1998 (people <25)	14	483	16	417	0.76
Westerdahl 2000	52	319	64	538	1.37
Veierod 2003					
Bataille 2005	189	169	212	161	0.85
TOTAL	344	1402	375	1614	1.06 (95% CI: 0.89-1.24)

MEDICAL PHOTOTHERAPY SESSIONS					
STUDY	Case Yes	Case No	Control Yes	Control No	Calculated Odds Ratio
Walter 1990	17	431	10	498	1.96 (95% CI: 0.89-4.33)

¹ Chappelle Toxicology Consulting, Chadds Ford, PA

² Sunlight, Nutrition and Health Research Center, San Francisco, CA



U.S. Derms Refer 900,000 To Sunbeds: Survey

An International Smart Tan Network survey of 6,881 indoor tanning clients revealed that 11 percent of tanning clients say a doctor referred them to a tanning salon for therapeutic reasons and that 28 percent of those referring physicians were dermatologists. The survey shows that the recent press release from the American Academy of Dermatology in which the organization contended that "100 percent of dermatologists discourage tanning" is baseless.

Based on the survey, dermatologists refer an estimated 900,000 people to sunbeds in the United States every year. "Two of my doctors told me I needed to tan: my dermatologist for my skin psoriasis, and my regular doctor for depression from not getting enough sun light...Tanning did help a lot," said Robert Van Dine, a patron at Midnight Sun & Cruise in Holland, Mich., a Smart Tan member facility.

According to Smart Tan an estimated 1.5 million Americans utilize tanning salons to informally treat psoriasis in lieu of phototherapy in a dermatologist's office. Phototherapy procedures use the same equipment found in tanning salons. In fact, the Mayo Clinic cites UV light therapy as the standard of care for treating these ailments.

But many patients are referred to tanning salons instead by physicians, as the cost of a tanning session is almost always less expensive than the health insurance co-payment of a dermatology-based phototherapy session. As a result, the number of phototherapy treatments by dermatologists has plummeted. In 1993 dermatologists administered 873,000 visits for phototherapy sessions. By 1998, that number dropped by 94 percent according to the Journal of the American Academy of Dermatology, which in 2002 described phototherapy sessions as "a safe and effective treatment for psoriasis."

"If any UV exposure were as dangerous as a recent statement from the AAD claims, then dermatologists would be guilty of violating their Hippocratic oath for using UV in what they describe as burning dosages to treat purely cosmetic skin conditions," said Smart Tan Vice President Joseph Levy. "Professional tanning facilities are trained to deliver non-burning dosages of UV light to create a cosmetic tan, but a side effect is that people are treating all sorts of conditions informally and effectively. What we're really seeing is dermatology's anger for the loss of billions of dollars in phototherapy treatments in their offices, as consumers choose a more economical and convenient method of self-care."

Professional indoor tanning facilities promote a balanced message about UV exposure — acknowledging the risks of overexposure. In contrast, AAD continues to mislead the public by suggesting in its statements that any UV exposure causes melanoma, which completely misrepresents the science. "This has never been a health care debate," said Levy. "This is the cosmetic dermatology industry attacking indoor tanning for strictly financial gain."

The AAD has come under fire from within its ranks for its position on melanoma. In 2008, Dr. Bernard Ackerman — a pioneer in dermatology pathology recognized as a Master Dermatologist by AAD — backed up Smart Tan's position about the complex relationship between UV and melanoma in the Dermatology Times stating, "There is no compelling evidence that sun tan parlors have induced a single melanoma," and that any regulation of the tanning market "...should be predicated on evidence and not on accusation."

In fact, AAD spokesperson Dr. James Spencer admitted in a May 2008 article in Dermatology Times that, "We don't have direct experimental evidence," referring to the fact that research has not shown a causative mechanism between indoor tanning and melanoma. The studies the AAD has referred to do not show causation — only weak correlations that are confounded by study design. The organization continues to omit refuting evidence and studies and the fact that most studies don't show a correlation.

Further, while AAD is lobbying to restrict indoor tanning, its lobbying efforts have always called for phototherapy treatment in dermatology offices to be exempted from further restriction.

"It's time that researchers and the media start asking tough questions about why dermatologists refuse to talk about these issues and their real motivations around their attacks on indoor tanning," Levy said.



5 Reasons 'Tan Ban' Legislation Would Be A Mistake

While the professional tanning community supports constructive and cooperative measures to increase UV awareness and sunburn prevention, a matter our market takes very seriously, passage of legislation denying teenagers with their parents consent access to indoor tanning facilities would actually hurt more people than it helps and will lead to an increase in sunburn and skin injury. Proponents of such a measure, however well-intentioned, ignore conflicting research and confounding information and are doing the wrong thing for the right reasons. Specifically:

1. This is not a public health issue. It's a competitive issue. Dermatology has lost \$5 billion in phototherapy business, as clients are opting for more-affordable self-treatment of cosmetic skin diseases in tanning salons. Dermatology uses identical sunbeds in their offices to treat cosmetic skin diseases. "Phototherapy" (at up to \$100 a session, billed to insurance companies) involves intentionally sun-burning a patient. If this were a health-care issue, dermatology would suspend their own use of sunbeds for cosmetic purposes. But they haven't. In fact, they've lobbied to preserve it.

2. The science does not support it. Professional tanning salons are not the problem. Ban proponents have misrepresented the World Health Organization's data on this topic, which actually points to medical use of sunbeds for the treatment of cosmetic skin diseases and unmonitored home tanning units, but not professional tanning salons¹:

<u>WHO REPORT BY CATEGORY</u>	<u>RISK FACTOR</u>
Dermatology psoriasis sunbeds:	96% increase
Professional tanning salon sunbed usage	6% increase

3. Parents do not support it. Two-thirds (67.1 percent) of American parents with teenagers support the tanning industry's current parental consent standard, according to a study of more than 1,000 adults with teenagers conducted by International Communications Research. Only 27.3 percent were in favor of new restrictions on teenage access to tanning facilities.

4. A ban will cost businesses and taxpayers money to implement. Enforcement of this provision will cost taxpayers money to implement, will hurt small businesses and ultimately will not affect consumer behavior. Bill proponents are overstating the risks of regular non-burning UV exposure and consumers know it -- they will seek other options.

5. A ban will accomplish the opposite of what sponsors intend. Independent surveys have established that teens will simply tan more aggressively outdoors or will turn to unregulated home tanning units in friends' basements if they are not permitted to tan in salons with their parents consent. That simply drives the issue underground into sunbeds that do not have the exposure controls that are present in professional tanning facilities. Sunburn will increase, not decrease.

CONCLUSION: The present system works. Requiring signed consent from a parent/guardian is working. It's what most parents want. The tanning market supports constructive efforts to bolster this standard.

¹ Papas MA, Chappelle AH. Differential Risk of Malignant Melanoma By Sunbed Exposure Type. Proceedings of 3rd North American Congress of Epidemiology. Am J of Epid. 2011; 1003